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Empathically designed responses as a gateway to advice in Dutch counseling calls

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Abstract

Previous conversation analytic studies of institutional interaction included analyses of empathy in interaction. These studies revealed that professionals may use empathy displays not only to validate the client's worry, but also to perform actions oriented to other institutional goals and tasks such as closing off a troubles-telling sequence. In this article, we present an analysis of empathically designed responses in Dutch telephone counseling. The data consist of 36 calls from the Alcohol and Drugs Info Line. In some of the calls, clients' troubles-telling includes 'emotion discourse', that is, descriptions of their feelings/emotions. Counselors may respond to these descriptions using conventional empathy displays like 'I can imagine that' and 'I understand that' in a range of verbal and prosodic variations. The analysis reveals that these responses open up advice sequences that vary in the extent to which they treat the client's articulated feelings as valid. Most are affiliating, treating the client's feelings as the basis for advice, while some are less affiliative, putting the client's feelings into perspective or implicitly questioning their legitimacy. Hence, empathically designed responses are pivots to advice-giving.

Keywords

Advice, conversation analysis, counseling, Dutch, empathy, helpline, institutional interaction

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Introduction

Empathy is widely recognized as an essential aspect in professional–client communication in a range of institutional settings (counseling, psychotherapeutic and clinical). It may be defined as the professional's ability to understand the patient's or client's situation, perspective and feelings and to communicate that understanding. It is thought that certain words may work specifically well to convey empathy (Coulehan, 2001). This article zooms in on a particular set of empathic phrases and their interactional context. Empathy may be displayed not randomly during an encounter but at specific moments. We focus on empathically designed responses to clients' statements about their feelings and examine what these responses achieve interactionally, that is, what they afford more than communicating an understanding of the client's feelings. The analysis reveals three different directions in which the responses may work. Some endorse the client's feelings and as such support the client to alter their behavior (variant 1). Alternatively, the empathic responses are somewhat disaffiliative and relativize the client's feelings (variant 2) or imply these feelings are counterproductive, that is, understandable but not beneficial given the situation (variant 3).

Empathy is one of the phenomena conversation analysts have been interested in while studying emotion and affiliation in social interaction. Some of these studies have examined empathy in the context of experience, that is, the extent to which respondents display or claim knowledge of the described experience in their response (Heritage, 2011; Kuroshima and Iwata, 2016). Others have focused on empathy displays in institutional settings (Hepburn and Potter, 2007; Ruusuvuori, 2005, 2007; Voutilainen et al., 2011). These studies analyzed how empathy may be employed for specific institutional tasks and goals. This article extends this line of research by providing another angle to how empathy displays may serve crucial institutional goals in advice-giving interaction.

Empathy in interaction

Generally, displaying empathy is seen as an affiliative action, that is, as a way to match the evaluative stance of the prior speaker (Kuroshima and Iwata, 2016; Lindström and Sorjonen, 2013). Various kinds of resources are used to display empathy, varying from facial expressions (frowns) and prosody (response cries) to explicit verbal expressions (using mental verbs) and formulations (Kupetz, 2014). Definitions can also be stretched to include both minimal and extended displays of understanding, compassion or agreement with the interlocutor's preceding turn of talk (Ruusuvuori, 2007). Extended responses may consist of assessments such as 'well that's a bit hard then' (2007: 605).

Heritage (2011) argues that recipients may encounter the dilemma of having to affiliate with a reported experience, while lacking 'the experiences, epistemic rights, and sometimes even the subjective resources from which emotionally congruent stances can be constructed' (p. 161). Under these circumstances the communication of empathy is a challenge, requiring specific interactional strategies, such as assessing how something 'sounded' (rather than 'was'). Kuroshima and Iwata (2016) show how volunteers talking to Japanese earthquake victims employed various practices to respond to the victims' troubles-telling. In their empathic responses they displayed an orientation to the reported experience as either unique to the victim or similar to that of others, thereby conveying

their understanding of the nature of the experience. Hence, displaying empathy inherently involves negotiating the ownership of an experience.

According to Weatherall and Keevallik (2016), certain explicit claims to understanding (*I+understand+YOU+PSYCHOLOGICAL STATE*) only make a show of affiliation: they give the impression of other consideration while in fact advancing the speaker's own agenda. Furthermore, these claims simply reference the teller's affective stance instead of ratifying it. Our analysis further explores the notion that speakers – in our case professionals – may use empathically designed responses for purposes other than just matching the evaluative stance of the caller. In line with Weatherall and Keevallik (2016), we argue that empathy displays do not always support the teller's stance. We will expand their insights by showing that the extent to which these displays support the teller's stance may not be an either/or matter, but a gradual phenomenon, with corresponding, differential effects for the caller's entitlement to (receiving) advice. Rather than distinguishing between 'pro forma' and actual affiliation, as Weatherall and Keevallik (2016) do, we propose to focus on what empathically designed responses in counseling calls are designed to achieve, irrespective of their truth value (Te Molder and Potter, 2005). While empathy displays in a particular context may not (solely) advance the teller's interactional agenda or ratify his or her affective stance at that very moment, it is hard, if not impossible, to establish whether they are authentically affiliative or not. Moreover, assessing its 'realness' is not a precondition for understanding the course of the interaction, which is the prime aim of this study (cf. Te Molder, 2016).

Empathy in institutional interaction

In institutional interaction, empathy has been found to be used in the context of and as a vehicle for performing institutional tasks (Ruusuvuori, 2007). This is not to suggest that empathy displays by professionals are abundant; in fact, they seem to be relatively rare (Jefferson and Lee, 1981; Lindström and Sorjonen, 2013; Ruusuvuori, 2005). The general function of empathic responses is showing that clients' or patients' feelings are 'valid and justified' (Voutilainen et al., 2011: 20). Ruusuvuori (2005) conceptualized empathy as 'a matter of *understanding*, of *knowing* the other person's experience' (p. 205) and 'maintaining a dual perspective, imagining oneself in the same situation as the other without forgetting that this experience is not one's own but the other's' (p. 205). In response to patients' troubles-telling, professionals in general practice and homeopathic interaction acknowledged and displayed understanding of the troubles without elaborating on their own, equivalent experiences (Ruusuvuori, 2005). In fact, doing empathy rather than sympathy, the participants maintained the division of tasks between the professional and the client. Hence, the issue of experience is relevant to empathy in institutional interaction, because if a display of empathy implies that the professional shares the lay's experience, the professional disembarks from his or her institutional line.

Previous research also indicates that empathy displays play a part on the topical and sequential level of interaction. One of the first studies using a participant perspective on empathy was an analysis of formulations in health appraisal interviews by Beach and Dixon (2001). They showed how formulations accomplish multiple social actions, arguably empathic in formulation and disattending the patient's concerns in both function and

consequence. One of the utterances they considered empathic was 'I'm sorry this looks like it must be hard for you'. It appeared that utterances such as these frequently contribute to 'halting' further topic elaboration and soliciting uptake from the other speaker (Drew and Holt, 1989). Ruusuvuori (2007) similarly found that affiliative turns in homeopathic and general practice consultations work toward the closure of the sequence of troubles-telling and shift back to the problem-solving activity. However, in homeopathy, such empathic turns may also serve as a means of problem-solving and thus help to complete the institutional task at hand. This supports the idea that there are differences in the standard ways of managing affiliation that can be traced back to the particular constraints and goal orientations of specific institutional settings (Drew and Heritage, 1992). In these two settings – homeopathy and medical – the affiliation displays seemed to help to structure the consultation.

Hepburn and Potter (2007) viewed empathy as a participants' issue 'to be *practically* managed within *specific sequences* of interaction' (p. 99, italics in original). In a corpus of calls from a child protection helpline, they examined the call-takers' responses to crying. They restricted the label empathic to utterances that formulate the mental state (Edwards, 1997) of the co-participant and contain a marker of epistemic contingency. In the corpus as a whole, the production of empathy by call-takers was rare, except in environments that involved the caller crying. An example of an empathic utterance is 'you sound as though you're very upset about it' (p. 103), with 'very upset' being the mental state of the caller. Hepburn and Potter (2007) view formulating the mental state of another person as a delicate thing to do for reasons of 'ownership' of feelings and epistemology (the speaker not having direct knowledge to make such a claim), which is marked with 'you sound as though' as an epistemic basis. It appears that empathic responses are most common when the caller is unresponsive to advice-giving or when they are offering negative or desperate self-judgments.

To summarize, previous studies of empathy in institutional interaction reveal that displaying empathy goes beyond simply responding to the client's/patient's articulation of a mental state. It can be employed in the service of achieving institutional goals, such as closing off a troubles-telling sequence (Ruusuvuori, 2007). In this article, we add another dimension by showing how empathic responses may function as a bridging move between the client's problem presentation and the advice-giving by the counselor. Our analysis demonstrates that these responses negotiate the legitimacy of the expressed feelings relevant to the client's problem and thereby project (or reject) the entitlement to advice.

Data

The data consist of 36 calls to the Alcohol and Drugs Info Line of the Trimbos Institute, which is a Dutch knowledge institute for mental health and addiction. The helpline's aim is to provide the general public with information about alcohol and drugs as a health promotion tool. All conversations took place in 2011. The calls had an average duration of 13 minutes (between 1 and 39 minutes). They were transcribed using conversation analysis (CA) conventions (Jefferson, 2004). All names in transcripts were replaced by pseudonyms, and other information that could lead to the caller was deleted. Because the data were collected in the context of a research project that provided input for counseling training, the Trimbos Institute gave permission to analyze

the conversations as long as all clients' information was rendered anonymous (for information on the project, see Stommel and Te Molder, 2015, 2016). The research was explained to the counselors and they were given the opportunity to object to or withdraw from the study – none of them did. The call-takers were paid and had a background in psychology or social work. They received special training for working at the Alcohol and Drugs Information Line and were engaged in supervision sessions and professional trainings. The reasons for the conversations of the Alcohol and Drugs Information Line vary from information on the effects of drugs to advice on how to deal with alcoholic partners or family members.

Method

In this article, we analyze explicit verbal empathically designed utterances in response to clients' descriptions of or statements about their problems and related feelings (Edwards, 1999). Hence, we refrain from studying minimal displays of affiliation (such as 'yeah') and responses to other modalities of displaying emotion in interaction (cf. Kupetz, 2014; Hepburn and Potter, 2007; Ruusuvuori, 2007). Empathically designed responses occurred both in the initial phase (problem account/troubles-telling) and in the advice-giving stage and even in the closing sequences of the calls. The question of when and where the counselors do not use empathic responses will not be further explored in this article.

We identified instances by going through the data handling a rather inclusive definition: a conventional, verbal display of understanding in response to the client's prior turn(s). The responses included phrases like 'I can imagine that' ('dat kan ik me voorstellen'), 'I understand that' ('dat snap ik', 'dat begrijp ik') and 'that seems X to me' ('dat lijkt me X'), which are conventional, formulaic formats for affiliative turns in Dutch. The responses are in most cases designed with alignment tokens, hedges and/or adverbs, quickly or slowly produced and with varied prosodic packaging (cf. Kupetz, 2014).¹ We found 71 sequences of client statements of their feelings or mental states with empathic responses in 22 calls. The design of these mental state descriptions is rather diverse but usually includes a first-person singular 'ik' ('I') and a mental verb or verbal expression (e.g. being bothered, being sick of, despising). Our cases occurred in calls with a focus on troubles-telling rather than information, mainly about alcohol or drug use by partners or children and not by alcohol or drug users themselves (with one exception of someone who smoked weed once; see Excerpt 5). The sequences were analyzed line by line, examining how the client described his or her feelings as part of or following from the reason for the call, how the counselor's response was designed to respond in a particular way (ratifying the client's statement or not) and how the interaction continued (uptake by client or, in most cases, continuation by counselor). The practices of advice-giving are incidentally touched upon in the analysis. Note that we sometimes use 'empathic responses' or 'empathy displays' to refer to 'empathically designed responses' for the sake of brevity.

Analysis

Before we illustrate the various directions in which empathically designed responses represent a pivotal move in the counseling interaction, we show more generally that

empathy in counseling interaction makes relevant advice. The counselor in Excerpt 1 displays empathy and holds the floor, while observably looking for an advice ('let's see'). In line 1, the counselor indirectly asks if the client's partner sometimes 'gets physical'. Co stands for counselor and Cli for client. The English translations are made by the authors and are as literal as possible, occasionally giving them a non-native flavour:

Excerpt 1 (tel partner alcohol 2 + 3)

- 1 Co: ik weet niet of hij ook lichamelijk wordt als u ruzie met hem
I don't know if he also gets physical when you argue with
 2 heeft,
him,
 3 Cli: op een gegeven moment wel;
at a certain moment he does;
 4 en dan wil ik er gewoon uit (.) ook voor de kinderen.
and then I just want to get out (.) also for the children.
 5 Co: ohk[ee;
ohk[ay;
 6 Cli: [dat kan niet.
[that's not an option.
 7 [(haalt neus op))]
[((sniffs))]
 8 Co: → [°ik begrijp] het.°
 → [°I understand]
 9 •hh e:::ven kijkenn;
 •hh le:::t's see;;
 10 (0.4)
 11 hhhhh •hh dat is wel eehhh– (0.5) even k[ijke;
 hhhhh •hh that is eehhh– (0.5) let's s[ee;
 12 Cli: [(haalt neus op))
 [(sniffs
 13 niet echt slaan ofzo;
not really beating or something;
 14 maar ja de vuisten die komen erbij en- en we beginnen te dreigen;
but yeah the fists join in and- and we start to threaten;
 15 en daar heb ik een verschrikkelijke hekel aan.
and that I absolutely despise.
 17 Co: → ja dat kan ik me–
 → yeah that I can–
 18 Cli: en dan ben ik er liever weg,
and then I'd rather be gone,
 19 Co: → ja dat kan ik me heel goed voorstellen
 → yeah that I can imagine very well
 20 •hh en- en bijvoorbeeld naar uw ouders toe is dat geenn (.)
 •hh and- and for example to your parents isn't that (.)
 21 Cli: nee;
no;

This fragment shows that a conventional empathy display is followed by a projection of advice. The first response from the counselor (line 8) displays understanding of the situation and supports the client's claim that she doesn't want to stay in the house when her husband gets aggressive. The counselor does not wait for a response, but is keeping the floor with stretched syllables and 'let's see' announcements, thus projecting advice (lines 9–11). The client then provides more detail to the problem description, culminating in a mental state description ('absolutely despise', line 15). This elicits another empathy display ('yeah that I can imagine very well'), which is followed by an advice in the same turn (the suggestion to go to her parents). This shows that empathic responses make relevant advice and function as a bridge between client's troubles-telling and advice-giving.

Different types of empathic responses

Overall, the empathic responses overtly treat the client's feelings as valid and justified, but in the particularities of their design they do more than that. In the majority of cases (43/71), the claimed understanding supports the progression of the interaction to the action of advice (cf. Weatherall and Keevallik, 2016).² In the analysis, we focus on empathic responses followed by the counselor's advice, demonstrating that empathy works as a crucial stepping stone to advice-giving, by negotiating the validity of the client's emotional state regarding their problem. Overwhelmingly (variant 1), empathic responses work *to endorse the client's feelings*, advising and encouraging the client to change something (26/71). Alternatively, the empathic responses are somewhat disaffiliative. In variant 2, the empathic responses *put the client's feelings into perspective*, implying that there is not really a problem that needs advice (9/71). In the third variant, the empathy displays *treat the client's feelings as standing in the way of a solution*: that is, the feelings are understandable, but not recommendable given the situation (8/71).

(Fully) endorsing the client's feelings

Excerpt 2 presents a caller (female, married 41 years) who reports that she recently found out that her husband, having a history of alcohol abuse, is still (or again) an alcoholic. The empathic response she receives underscores the articulated feelings, which supports the subsequent implicit advice that the husband's alcoholism should stop. The Excerpt is taken from a long advice-giving sequence in which the client also recurrently expands her troubles-telling with details of the problematic situation. It begins where the caller explains how she checked on her husband's alcohol consumption:

Excerpt 2 (tel 61, 21:44)

- | | | |
|---|------|--|
| 1 | Cli: | ik zette zelfs <u>streepjes</u> op de etiketjes dat ik precies
<i>I even put small <u>lines</u> on the little <u>labels</u> so that I</i> |
| 2 | | wist hoeveel dat eruit was
<i>knew <u>exactly</u> how much was <u>gone</u></i> |
| 3 | Co: | [hee-]
[hee-] |

- 4 Cli: [nou ja] dat is eigenlijk te gek voor woorden
[well yeah] that is actually too crazy (for words)
- 5 Co: ja [het i-]
yes [it i-]
- 6 Cli: [en] dat ben ik eigenlijk een beetje zat dat gedoe,
[and] that I am actually kind of sick of that hassle,
- 7 Co: → >ja nee dat kan ik me goed voorstellen<
 → >yeah no I can imagine that very well<
- 8 kijk veel mensen vinden alcoholisme ook een ziekte
look many people also think alcoholism is an illness
- 9 en het is voor een deel natuurlijk ook gewoon een ziekte
and it partly is obviously also just an illness
- 10 maar je kan er wel- uiteindelijk wel mee stoppen.
but you can- eventually can quit with it.
- 11 Cli: ja;
yes;

The client's turn is built toward a mental state description of being 'kind of sick of that hassle' (line 6). It is this statement which elicits an empathic response from the counselor (line 7). This response fully legitimates these feelings ('very well'). The 'yeah no' preface of the empathic turn aligns with the negative mental state description and works as an empathic agreement (Burridge and Florey, 2002). The fast delivery of the response puts emphasis on the counselor's continuation rather than the empathy display itself, which contributes to its formulaic design. What follows in the same turn is an explanation of alcoholism announced with 'look' (line 8), thereby marking the transition to a different action trajectory (Sidnell, 2007). Although the explanation is somewhat paradoxical as alcoholism is both an illness (line 9) and a problem one can quit (line 10), the counselor foregrounds the second take on alcoholism: 'but you can- eventually quit with it'. This implies that the client should not simply accept her husband's alcohol use. Hence, the empathic response works as a hinge between legitimate feelings and an advice that relies on their legitimacy as a leverage point for change.

The next example shows even more explicitly how an empathy display may corroborate the client's feelings as a bridge toward advice-giving. The client is a mother whose son uses hard drugs (speed, cocaine). During the call, the counselor has repeatedly given advice (to stop cleaning up the son's house, to join a group for relatives of addicts), but the client has not overtly accepted any of them. Excerpt 3 shows the end of the call (except the closing greetings); the client has just declined more information about help groups and said she would call back for that tomorrow:

Excerpt 3 (tel verslaafde zoon, 37:20)

- 1 Co: >nou<.
 >well<.
- 2 ik hoop dat u—
I hope that you-
- 3 Cli: ((hoest))
 ((coughs))

- 4 Co: iets- iets v↑erder kunt komen,
manage to get a bit- bit further,
- 5 •h [en eeh—
 •h [and uuh-
- 6 Cli: [ja dat hoop ik zelf ook.
[yeah I myself hope so too.
- 7 Co: ja,
yeah,
- 8 Cli: want zelf;
 9 *because myself;*
 ik heb totaal nergens geen zin meer in;
I don't feel like doing anything at all anymore;
- 10 Co: ja;
yeah;
- 11 Cli: niks interesseert me nog wat;
nothing interests me anymore;
- 12 Co: ja;
yeah;
- 13 Cli: ik ben de hele dag der mee bezig.
I am thinking about it the whole day.
- 14 Co: → nou ja;
 → *well yeah;*
- 15 → dat kan ik me voorstellen,
 → *I can imagine that,*
- 16 en- en daar moet ook echt iets mee gebeuren,
and- and something really needs to happen there,
- 17 Cli: ja;
yeah;
- 18 Co: ja.
yes.
- 19 •hh oke,
 •hh okay,
- 20 nou dan wens ik u nog verder nog wel een goede dag;
well then I wish you still for the rest still a good day;
- 21 en ik hoop dat het vanavond een goed gesprek is met uw man,
and I hope that tonight it will be a good conversation with your husband,

The counselor initiates the closing ('well') and expresses a rather vague, conventionally phrased hope for improvement ('manage to get a bit further', line 4), which leaves unsaid what the client should 'get further' with. At this position, and referring to the time after the call, this is a pre-closing move (cf. Stommel and Te Molder, 2015). The client, in overlap, takes the floor to overtly align with the hope for improvement (line 6), not explicating if she is planning to act upon the advice she received. She goes on to account for her hope with escalating mental state descriptions. The first ('I don't feel like doing anything at all anymore', lines 8 and 9) articulates her general lack of energy or passiveness. The counselor only produces a brief acknowledgment, upon which the client continues with a second ('nothing interests me anymore', line 11) and a third mental state

description ('I am thinking about it the whole day', line 13). Only then does the counselor affiliate with empathy (lines 14 and 15), although the turn beginning signals reluctance ('well yeah'). The empathic response is followed by advice in a stepwise fashion. It starts with an advice-implicative claim ('something really needs to happen there', line 16), directly linking advice to the empathy display ('and- and'). This advice is unspecified ('something has to happen there' rather than 'you should x'), orienting to the client's earlier advice resistance. Although the object of talk is unclear, the client claims acceptance of the advice ('yeah', line 17) and the counselor continues the closing with further 'hopes' (lines 18–21). The second of these hopes restages the client's earlier presented wish/plan to discuss the issue with her husband and is thus more specifically advice implicative. Hence, in this Excerpt a display of empathy is used to shift the interaction step by step from lamenting to advice-giving, despite the client's advice resistance. The stated feelings are endorsed as being a (legitimate) ground for advice.

Putting the problem into perspective

Empathic responses may also work in the opposite direction to relativize rather than to ratify the client's feelings. Excerpt 4 is taken from a call in which a mother reports having found cigarette paper in her son's bag, upon which he admitted having smoked weed once. The Excerpt occurs toward the end of a long advice-giving sequence which includes expansion of the troubles-telling and evaluations. In line 1, the counselor explains that the cardboard the son carried with him may be used as a filter for the joint:

Excerpt 4 (tel 80, 21:26)

- 1 Co: a-als het met eh blowen te maken heeft kan het dat zijn.
w-when it has to do with smoking weed it can be that.
- 2 Cli: o::ke
o::kay
- 3 pt: mijn god l↑ekker hoor kinderen bah ((lacht))
pt: my god gr↑eat [hoor] kids bah ((laughs))
- 4 Co: ja:a ((lacht))
ye:ah((laughs))
- 5 Cli: wat 'n maat- wat een wereld gatteverdamme
what a soc- what a world damn it
- 6 bah
bah
- 7 Co: jaaa
yeaaah
- 8 Cli: het is niet leuk
it is not funny
- 9 Co: → nee kan ik me voorstellen (.) dat dat effe heel erg lastig is
→ no I can imagine (.) that that is very difficult now
- 10 Cli: ja je zit er altijd bovenop denk ik verdorie
yeah you're always on top of it I think dammit
- 11 ik zeg waarom ons nou
I say why us

- In this Excerpt, it is again an escalating complaint which finally receives an empathically designed response (line 9). After the client acknowledges the explanation for the cardboard (line 2), she initiates lamenting the situation she is in complaining ironically about kids in general (line 3) and then escalating the complaint to society, repaired as the world (line 5), in a serious tone of voice. The evaluative word 'bah' (line 6) constructs this complaint as a heavy affect and a physical sensation. The counselor's agreement (line 7) weakly affiliates with the client's stance, but it does not overtly empathize. This implies that the counselor is resistant to the client treating this as a major societal problem. The client continues her complaint about the situation but reduces its heaviness ('it's not funny', line 8). This receives an empathy display in response, be it one that is designed moderately: 'no I can imagine (.) that that is very difficult now'. The prosodic contours of 'no' (rather flat) acknowledge the negative valence of the evaluation more than that it affiliates with the client (Jefferson, 2002; Mazeland, 1990). The expansion 'that that is very difficult now' restricts the scope of the empathy, treating it as a temporarily ('now') legitimate feeling and the situation as '*lastig*' (difficult), which semantically distinguishes it from big, serious problems, despite the emphasis on 'very'. The referent of the second 'that' is unclear and thus very general ('the situation'), which avoids more specific affiliation with the articulated feelings. Hence, this weak empathy display is positioned and designed in a way that negotiates the client's right to feel the way she does about her son's drug use.

Saliently, the counselor initially refrains from providing advice after the empathic response, despite the client's orientation to advice relevance. After the empathy display, the client continues lamenting in a less dramatic way than before (from messed up world in line 5 to the question 'why us?' in line 11) and suggests the problem has a cause ('why'). Next, she self-suggests what she should do (to figure out the cause); marking advice is relevant here. However, the counselor does not confirm this (self-)advice proposal. Instead, she challenges the client's account of the son's weed use as a big problem:

'it does not have to be the end of the world' (line 18). Hence, she again does not treat the client's complaints as fully legitimate and refrains from building an advice on the basis of the articulated feelings. Note, however, that the counselor's self-repair (line 18) shows an orientation to not opposing the client's preceding account too firmly (from 'yes it's no-' to 'it does not have to be').

When the counselor finally launches an advice (lines 19 and 20), it is 'and'-prefaced and thus related to the previous relativizing evaluation of the problem ('not the end of the world'). Furthermore, the advice is formatted as explanatory ('look', line 19) and as relatively simple ('just', line 19) in accordance with a minor problem. To conclude, this example shows how an empathy display can challenge the legitimacy of a client's feelings and paves the way for an advice that puts the problem into perspective.

The next example shows another case of how an empathy display acknowledges the client's feelings but simultaneously paves the way to relativizing advice. In this case, the empathy display is followed by an account in which the counselor reassures the client that what has happened is not her fault. The client smoked weed a couple of times during the first weeks of her pregnancy (before she knew she was pregnant) and is anxious to know whether this could have an effect on the 'baby'. The interaction in Excerpt 5 occurred in the advice-giving sequence, which is interwoven with expansions of the reason for the call. Prior to the Excerpt the counselor told the client not to worry too much, but then the client explained that her first child had an extremely low birth weight and developed behavioral problems ('hyper'). She is now worried her second child could develop similar deficiencies:

Excerpt 5 (tel 22, 8:25)

- | | | |
|----|-------|---|
| 1 | Cli: | dat zul je net zien,
<i>you can bet on that,</i> |
| 2 | | van- he ja ik ga der heel verstandig mee om
<i>[like-] heh yeah I deal with it very wisely</i> |
| 3 | | maar dat zul je dan net zien, dat ik daar dan toch weer
<i>but you can bet on that, that then I do</i> |
| 4 | | (.) |
| 5 | | hh op de een of andere manier voor gestraft wordt zeg maar
<i>hh one way or another get punished again so to say</i> |
| 6 | | door mn kindje
<i>through my baby</i> |
| 7 | | ik denk verdorie ik moet toch even bellen. he[he
<i>I think heck I do have to briefly call.</i> hu[hu |
| 8 | Co: | [ja. ja,
<i>[yeah. yeah,</i> |
| 9 | Cli: | ik voelde me er toch heel <u>rot</u> over ja.
<i>I did feel very <u>bad</u> about it yeah.</i> |
| 10 | Co: → | ja nee ja dat kan ik me voorstellen
<i>yeah no yeah I can imagine that</i> |
| 11 | → | •hh ja en- en- en je hebt helemaal gelijk hoor,
<i>•hh yeah and- and- and you are totally right [hoor],</i> |

- 12 kijk wat dat betreft
 look regarding that
- 13 als je dat ziet bij je zoontje en toen was je gewoon
 if you see that with your little son and then you were just
- 14 gezond,
 healthy,
- 15 dus je- dus de [inderdaad die klachten die je he
 so you- so the [indeed those complaints that you heh
- 16 Cli: [ja:
 [yeah:
- 17 Co: of dat soort °klachten° maar verschijnselen
 or that kind of °complaints° but symptoms
- 18 die kunnen sowieso optreden.
 they can occur no matter what.
- 19 Cli: ja prec[ies
 yes exact[ly
- 20 Co: [en eehm=
 [and uuhm=
- 21 Cli: =ja
 =yeah
- 22 Co: dus wat dat betreft eeh is het is het eeh denk ook heel goed
 so regarding that uhh it is uuh I think also very good
- 23 om dat inderdaad ook een beetje in perspectief te zien
 to indeed also see that in perspective a little bit
- 24 en te relativieren van ja
 and to relativize like yeah
- 25 goed (.) he d- dit kan (.) •h door van alles en nog wat eeh
 well (.) heh th- this can (.)•h be uhh caused by all kinds of
- 26 komen
 things
- 27 en het kan ook gewoon in het karakter van een kind zitten.
 and it can also just be in the personality of a child.
- 28 ja.
 yeah.
- 29 Cli: ja is ook,
 yeah true,

In the first turn, the client re-presents her reason for the call (her fear of getting ‘punished’, line 5), which culminates in a description of her feelings (‘very bad’, line 9). This mental state description elicits an empathic response from the counselor (line 10), prefaced by a series of alignment tokens ‘yeah no yeah’. It seems that ‘yeah no yeah’ is an upgraded version of the ‘yeah no’-preface, which works as an empathic agreement (Burridge and Florey, 2002). The counselor continues with explicit affiliation on a cognitive rather than an emotional level (‘you are totally right [*hoor*]’, line 11), which is presented as additional (‘and’) and congruent with the client’s stance more generally, since ‘*hoor*’ (untranslatable tag) links the current action to the global course of action (Mazeland, 2009). This turn develops into an advice (again designed with the contextualization cue ‘look’, line 12), which is

to put these feelings of guilt into perspective (lines 22–27). The counselor gradually builds up the advice by first denying the direct link between smoking weed and symptoms in a baby, referring to the client's first son (lines 13 and 14). She goes on to conclude that these effects can occur no matter what (lines 15–18), and that the client already recognized this ('indeed' in lines 15 and 23). Notably, the counselor self-repairs 'complaints' to 'symptoms' (line 17), slightly reducing the problem status of the client's account. The client agrees explicitly (line 19), which serves as a basis for the counselor's more direct advice to put 'it' into perspective a bit. The counselor goes even further by presenting a colloquial take on the 'symptoms' as 'just' the child's personality (line 27). By agreeing to this assertion ('yeah true', line 29), the client accepts and goes along with (the relativizing tone of) the advice. In this way, the counselor's empathy displays work as a bridging move to put the problem into perspective.

Feelings standing in the way of advice

A third type of empathy displays conveys that the clients' feelings block a solution to the problem. In the next Excerpt, the client is a woman who calls about her alcoholic husband. He does not want to quit drinking, but she suggests that she possibly maintained the problem herself by always cleaning up his 'shit'. The Excerpt occurred relatively early in the advice-giving sequence:

Excerpt 6 (tel 45, 6:48)

- 1 Cli: =ja of ik heb misschien teveel- ik heb hem misschien teveel
 =*yeah or maybe I have- maybe I have given him too much*
 2 eehm(.)
 eehm(.)
 3 ja (.) macht in h[↑]anden geg[↑]even;
 yes (.) control;
 4 ik denk altijd bij mezelf als iemand anders in mijn plaats zat
 I always say to myself if someone else had been in my place
 5 die had het het misschien allang bekeken
 that person maybe had left for a long time
 6 maar ik hou nog van die man he
 but I still love this man huh
 7 Co: ja
 yeah
 8 ja jullie hebben s[a]men een zoon
 yes you have a son [to]gether
 9 Cli: [ja]
 [yeah]
 10 ja ook ja
 yes that too yeah
 11 Co: → ja nee dat- dat begrijp ik op zich wel
 → yeah no that- that I do understand in itself
 12 kijk wat- wat er nu aan de hand is (.) denk ik,
 look what- what is going on now (.) I think,

- 13 is dat uw man denkt dat dit gewoon steeds
 is that your husband thinks that this can just always
- 14 zo door (.) kan gaan
 (.) go on like this
- 15 he[h
 hu[h
- 16 Cli: [ja] zeker denkt ie [dat ja.]
 [yes] certainly he thinks [that yeah.]
- 17 Co: [ja ja] want nu is het zo eeh
 [yeah yeah] because now it is so uh

In this Excerpt, it is not a straightforward mental state description which elicits an empathically designed response. The participants negotiate legitimate reasons to not leave the alcoholic husband, including loving him (line 6, proposed by the caller) and ‘hav[ing] a son together’ (line 8, proposed by the counselor). The client treats the counselor’s proposed reason (the son) as no more than an additional reason: ‘yes that too’ (line 10). Then, the counselor produces an empathy display: ‘yeah no that- that I do understand in itself’ (line 11). The formatting of this response with ‘yeah no’ together with the hedges ‘do’ and ‘in itself’ projects a ‘but’ clause, an objection to the understanding. It is ambiguous what ‘that’ refers to and thus what exactly the counselor understands. Like in the other Excerpts, the counselor continues with an advice implicative explanation of the situation (‘look’, line 12) including a formulation of what the husband thinks (‘that this can just always go on like this’). The suggestion is that the client helps to sustain her husband’s alcoholism (lines 12–15). Thus, the client’s feelings (loving her husband) as an excuse for not leaving him are treated as standing in the way of a solution. The format of the empathic response already exhibited a limited scope of the understanding, which was further built up with the advice implicative explanation following the empathy display. Although the client agrees with the counselor’s formulation of what the husband thinks (line 16), she does not respond to the implicit advice that she should let her husband know that this cannot ‘always go on like this’.

The last example is taken from a call with another female client with an alcoholic husband (same call as Excerpt 2, earlier in the call). The Excerpt occurs relatively early in the advice-giving sequence, when the details of the husband’s drinking behavior have not been discussed yet. Prior to this Excerpt, she claimed that she would leave her husband if he refused to quit. A mental state description is produced in line 11: ‘it it it does bother me’. The counselor treats these feelings as understandable, but the explanation that follows forwards a warning rather than an endorsement:

Excerpt 7 (tel 61, 5:25)

- 1 Cli: dus hij zit gewoon thuis=
 so he’s just sitting at home
- 2 (.)
- 3 =ja en dan zit hij alleen daar
 yeah and then he only sits there
- 4 en dan snap ik het wel
 and then I do understand it

- 30 .h en als hij echt veel zou drinken
 .h and if he would really drink a lot
 31 echt grote hoeveelheden dan=
 really large amounts then=
 32 Cli: =hm
 =*hm*
 33 Co: dan raden we raden we zelfs af dat hij heel-
 then we even do we do not recommend that he (quits) very-
 34 dat hij gewoon in een- in een keer stopt;
 that he just quits at- at once
 35 omdat het gewoon heel eh heel-
 because it can just (be) very uh very-
 36 heel <slecht:> kan zijn.=
 very <bad:>.=

The Excerpt begins with the end of a narrative of how the client's husband started drinking (heavily) again, being alone in the daughter's house (lines 1–6). After an ambiguous continuer/agreement (line 7), the client does not continue (pause in line 8), signaling the relevance of a response. The counselor then produces a non-verbal throat sound with falling intonation ('.hh hhhng.' line 9), which conveys acknowledgment of the problem but nothing more than that. He could have chosen a third position evaluation here, a follow-up question or an advice on how to deal with the situation. Only when the client then verbalizes how this situation makes her feel ('but it it does bother me', line 11) does he provide an explicit display of understanding: 'yeah no I understand that' (line 12). The typical start of the utterance not only implies alignment ('yeah'), but also projects a contrast or a certain conditionality to the affiliative character of the response ('no'). The turn continues with a lengthy explanation of the potential risk for long-term alcoholics to quit drinking immediately (lines 13–36). Hence, the counselor's understanding (line 12) balances the legitimacy of the client's feelings with the need to not ratify the client's feelings in such a way that they work as an advice to leave the husband if the alcohol use persists. During the advice-implicative explanation, the client participates minimally. She agrees with the counselor's problem-attentive descriptions of her husband's alcohol use ('secretly') in line 17 and only acknowledges ('hm') the possibility that he uses 'large amounts' in line 32. Thereby she orients to the disaffiliative advice to *not* act upon her feelings of being bothered and ready to leave her husband. Thus, the display of understanding acknowledges but does not support the client's feelings, and the client shows recognition of the counselor's reluctance to do so.

We have seen that counselors usually produce empathically formatted responses and subsequent initiations of advice in one turn, albeit that the advice is formatted as explanatory (prefaced with 'look') and that the ultimate advice is delivered in a stepwise manner, by which its potentially inapposite force is reduced. The package of empathy and advice can work in a variety of directions relevant to the problem, endorsing the client to feel and do something, relativizing the problem or dejecting a course of action based on the articulated feelings. The observed relation between empathic responses and advice does not seem to be related to a particular phase of the call.

Discussion

The analysis has shown that empathically designed responses are pivotal moments in advice-giving; hence, actions in the progression of the interaction are related to the specific institutional tasks (Hepburn and Potter, 2007; Ruusuvuori, 2007). More specifically, these responses pave the way for advice-giving, in the sense that they negotiate the validity of the client's (emotional) response to the problem. In institutional interaction, empathizing with the client implies imagining oneself in the client's situation and imagining having the client's experiences. Overwhelmingly, conventional empathy displays are directly responsive to the client's articulated feelings. Frequently, these responses affiliate with and thus justify these feelings (cf. Voutilainen et al., 2011). However, some empathy displays treat feelings as 'more than' valid, that is, as an understandable and justified response to a (therefore) real problem that deserves a solution. Other empathically designed responses, while conveying understanding, at the same time avoid treating the feelings as legitimate or valid. For instance, clients who complain about their situation while their problem is only minor from an institutional perspective do not get responses that endorse their feelings. Clients who articulate feelings that seemingly block a solution to the problem similarly do not receive fully affiliative responses. The subsequent advice in those cases retrospectively explains the lack of affiliation.

The design of empathic responses deserves some reflection. The responses were frequently prefaced with aligning 'yeah', 'no' or 'yeah no', some included adverbs ('very well'), and showed notable speed of production, self-repair and so on. It has been argued that some of these empathically designed responses, especially those formatted as *I + understand + YOU + PSYCHOLOGICAL STATE*, are cases of pro forma affiliation (Weatherall and Keevallik, 2016), that is, affiliating on the surface while in fact disaffiliative with the client's stance. Our analysis, based on a collection of institutional responses in a variety of formats, suggests the relation between conventionally empathic responses and subsequent advice is more differentiated. The responses in our corpus negotiate a *degree* of affiliation related to the task of advice-giving. Hence, pro forma or not, real or unreal, empathically designed responses capitalize the richness of language and interaction more generally to negotiate the relation between the client's feelings, the problem as counselling-relevant and a particular advice. This is interesting, as the client's feelings – as any feelings of someone else – are in principle not accessible, and assessable, from the outside, by an outsider. Empathically designed responses in the fine details of their design are a practical solution to the lack of epistemic access to clients' experiences and feelings, allowing a counselor to evaluate the 'rightness' of the client's feelings. The subtleties of empathy displays in counseling interaction thus manage the ownership of experience and feelings (Hepburn and Potter, 2007; Heritage, 2011; Kuroshima and Iwata, 2016) and simultaneously pave the way to advice. Empathy arguably has 'double-barreled' (Schegloff, 2007) action force, both enacting different degrees of recognition, and pivoting a particular advice, by progressing those feelings as the basis for advice, or avoiding to do so.

Conclusion

The conventional empathy displays in Dutch telephone counseling frequently respond to a turn in which clients articulate their feelings. The responses are either affiliative, treating

the client's feelings as the basis for the advice, or less affiliative, putting the client's feelings into perspective or implicitly questioning their legitimacy. They rarely receive uptake from the client. The analysis focused on those cases in which the counselors continued with an explanatory sequence, conveying an advice relative to the established validity of the feelings about a problem and therefore the legitimacy of the problem itself.

The analysis revealed that empathically designed responses are pivots to advice-giving. They are construed to navigate between full corroboration and conditional understanding of the articulated feelings. Alignment tokens ('yeah', 'no', 'yeah no'), adverbs and prosody signal what feelings exactly are corroborated and to what extent, and relatedly project a particular advice. This unveils a dilemma inherent to counseling: How to empathize with the client without fully legitimizing feelings and/or the (implicitly) proposed courses of action that run counter to the counselor's advice? Hence, there seems to be a friction between empathy and advice-giving. Completely affiliating with (negative) feelings implies claiming that 'you are entitled to have these feelings', which may block a solution or change or aggravates worries. Overall, it seems that displaying empathy in counseling interaction is an extremely powerful tool that counselors know how to use for their goals and clients know how to elicit and interpret. More research is needed to examine whether conventional empathy displays work similarly in advice-giving in ordinary interaction, in other advice settings (e.g. sales settings) and in other languages.

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Notes

1. Note that both the first position of 'dat' (*that*), and its non-specific character, in the utterances 'dat kan ik me voorstellen' (*I can imagine that*) and 'dat snap/begrijp ik' (*I understand that*) is common in Dutch (unlike in English).
2. In the other cases, the empathic response was followed by further questioning by the counselor (11/71) or the client self-selected and continued troubles-telling (14/71). Two cases were somewhat different, but space does not allow us to further explore them here.

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